Physicians Training Checklist

This is a training checklist designed to provide an outline for Physicians to understand the tools available as an Alabama Medicaid provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five denials for Physicians

Code	Explanation	Resolution
3303	Medicare Paid Amount Equal 100%	Medicare paid more than Medicaid allows on a claim, no additional payment will be made
825	Medicare Allowed Amount Cannot Be Zero	Medicare allowed amount can only be 0 when Medicare allowed an amount, but the allowed amount was applied to the co-insurance or deductible.
1946	Multiple Service Locations For Performing Provider	If a provider is enrolled to perform services at more than one location, an appropriate secondary identifier must be filed for proper claims submission
5000	Medical Duplicate Exact	Ensure RA's are posted timely and correct denials prior to resubmission of claims
1820	Patient 1st Claim Requires a Referral	Verify eligibility prior to rendering services and obtain referrals, use proper referrals on initial claims submission

PHYSICIAN TOP 5 REASONS FOR RECOUPMENTS
1. Lack of medical necessity
2. Insufficient documentation
3. Incorrect CPT code
4. Incorrect date of service
5. Duplicate payments

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

Administrative Code outlines the rules and regulations for all Providers. It is updated as changes are identified. Currently the Alabama Administrative Code contains 63 chapters. The table below includes but is not limited to important chapters for Physicians and staff.

Chapter	Overview
1 General	High level information for all providers-includes Administrative Code
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients
3 Fair Hearings	Outlines Medicaid's procedures for fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
6 Physicians	Outlines rules and regulations Physicians must adhere to in the Alabama Medicaid program
20 Third Party	Outlines policies related to recipient's with other insurance coverage
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedures	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency
33 Recoupments and Liens	Information on how recoupments and liens are handled

Alabama Medicaid Provider Billing Manual

Provider manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table below includes but is not limited to important chapters for Physicians and staff.

Chapter/Appendix	Overview
1 Introduction	How to use provider manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
28 Physicians	This is one of your essential tools for information related to the Physicians Program. This chapter contains important billing information
39 Patient 1st	Important information related to Patient 1st program
Appendix A - Well Child Check-up (EPSDT)	Important information related to well child check-up program
Appendix B - Electronic Media Claims Guidelines	Important information related to filing claims electronically

Chapter/Appendix	Overview
Appendix C - Family Planning	Important information related to services and coverage restrictions for Family Planning recipients
Appendix E - Medicaid Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F - Internal Control Numbers	How to read Internal Control Numbers assigned in claims processing
Appendix G - Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix H - Alabama Medicaid Physician Administered Drug List	Contains important information related to and a list of covered physician administered drug codes.
Appendix J - Explanation of Benefit Codes	Table of claims processing codes
Appendix K - Top 200 Third Party Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved
Appendix L - Automated Voice Response System (AVRS)	How to use Medicaid's Automated Voice Response System, a tool to check eligibility, claims status and other functions
Appendix N - Medicaid Contact Information	Provides important contact information

Tools Available for Providers at No Charge

Tool	Function
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, Prior Authorization submission and status, Remittance Advice download
Provider Electronic Solutions Software (PES)	Allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes-2 hours, transactions include: eligibility verification, claims submission, claim status, Prior Authorization submission and status
Automated Voice Response System (AVRS)	Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information

Personal Contact Information for Billing Assistance

HP is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

Department	Function	Contact Number
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with	1-800-456-1242

Department	Function	Contact Number
	Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and password's for the Agency's secure website portal	
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx